

TOWN OF BARRINGTON, NH
Application For
Appointment Request – Board / Commission / Committee

Name: _____ **Phone:** _____
(last) (first) (day) (evening)

Address: _____

Barrington Resident Since: _____

1. **I am applying for one or more of the following in order of preference** (1-First Choice, 2-Second Choice, 3-Third Choice, etc):

<input type="checkbox"/> Economic Development Committee	<input type="checkbox"/> Recycling Center
<input type="checkbox"/> Planning Board	<input type="checkbox"/> Friends of the Library
<input type="checkbox"/> Regional Planning Commission Rep.	<input type="checkbox"/> Firemen's Association
<input type="checkbox"/> Conservation Commission	<input type="checkbox"/> Ambulance Association
<input type="checkbox"/> Historical Society	<input type="checkbox"/> Food Pantry
<input type="checkbox"/> Budget Advisory Committee	<input type="checkbox"/> Exit 10 Study Rep.
<input type="checkbox"/> Zoning Board of Adjustment	<input type="checkbox"/> Other
<input type="checkbox"/> Recreation Commission	

2. **For my appointment, please consider the following:**

- a. **Occupation:** _____
- b. **Employer:** _____
- c. **Do you feel there is any "conflict of interest" with your personal beliefs, occupation or employer if appointed?** _____ **Yes** _____ **No**
- d. **Education:** _____
- e. **Relevant Experience:** _____

- f. **Volunteer Time Available:** _____ **weekly**
- g. **Previous appointment to any board for Town or School District? (if yes, please describe:** _____

- h. **Are you willing to serve as an alternate?** _____ **Yes** _____ **No**
- i. **Are you willing to serve on a sub-committee?** _____ **Yes** _____ **No**

3. **I would like to improve the following:** _____

4. **I am seeking this appointment because:** _____

Signature: _____ **Date:** _____

Please return this application to: Town Offices, 41 Province Lane, Barrington, NH 03825
Attn: Town Administrator or call 664-9007.